

## **MEDICAL AUTHORIZATION & WAIVER**

TO: Physician's Name:

Address:

Phone:

In connection with my application for the position of United States magistrate judge for the United States District Court for the Northern District of Illinois, I hereby authorize any member designated by the Merit Selection Panel, appointed by the United States District Court to recommend candidates for the position, to communicate orally (including by telephone) and/or in writing with the physician named above with regard to my physical and mental condition and history, and any care, treatment and advice given me.

I hereby authorize and direct the physician named above to communicate to such member orally (including by telephone) such information regarding my physical and mental condition, care, treatment and advice sought by such member, and to supply a written statement if requested by such member. For these purposes, I hereby waive any physician-patient privilege that may exist.

I understand that any information received will be strictly confidential and disclosed only to members of the Merit Selection Panel and the Court in accordance with the confidentiality requirements contained in the Regulations and Procedures for the Selection and Appointment of United States Magistrate Judges adopted by the Judicial Conference of the United States.

Name (Please Type or Print):

Address, City, State, Zip:

Phone (include area code):

Date:

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Signature